P. 11

PRINTED: 12/04/2012 FORM APPROVED

	<u>Division</u>	of Health Care Faci	lities					
NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER STREET ADDRESS, CITY, STATE, JP CODE 1656 HILLVIEW DRIVE 1EGEN HILLVIEW DRIVE 1EG	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER		R/CLIA MBER:	A. BUILDING		COMPLETED		
HILLVIEW HEALTH CENTER 1566 HILLVIEW DRIVE ELIZABETHTON, TN 37843 7A9 1D PREPIX (EACH DEPRICENCY MUST BE PRECEDED BY FILL) PREPIX TAG CROSS REPRESENTED ACTION SHOULD BE C	<u> </u>					11/2	11/29/2012	
HILLUMEN HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL (EACH DEFICIENCY) N 000 Initial Comments An annual Licensure survey was completed on November 26, 2012 - November 29, 2012. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	NAME OF P	ROVIDER OR SUPPLIER						
REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments An annual Licensure survey was completed on November 28, 2012 - November 29, 2012. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	HILLVIEV	V HEALTH CENTER		1666 HILL ELIZABET	HTON, TN 37643			
An annual Licensure survey was completed on November 26, 2012 - November 29, 2012. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
November 26, 2012 - November 29, 2012. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 000	Initial Comments			N 000			
		November 26, 201 deficiencies were d	2 - November 29, 20 [.] Sited under Chapter 1	12. No				
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DIVISION OF HEBITH CARE Pacinges

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE OF COMMON

STATE FORM

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